The Missouri SenioRx Program:
Where We're Goin', Where We've Been

An Outreach Analysis

1. Introduction

The Missouri SenioRx Program was created in Special Session in 2001 to help low-income seniors pay for their prescription drugs. It joins the ranks of 26 other states that subsidize a portion of their elderly's drug costs (National Conference of State Legislatures, 2002). All 26 have strict eligibility requirements designed to manage the pool of potential recipients. Without these eligibility requirements, the states would be ill equipped to afford their senior prescription-drug programs. Why? Older Americans are the fastest growing population in the United States, especially those aged 85 and up (Barry and Antonucci, 2002; United States Census, 2000); they consume about one-third of all prescriptions dispensed in the United States; and, about one-third lack prescription drug coverage (Families USA, 2000).

Eligibility requirements for state-funded prescription drug programs serve another purpose. They offer well-defined parameters for marketing and outreach campaigns. In Missouri, for instance, Medicaid recipients are ineligible for the Missouri SenioRx Program. Individuals aged 64 and under are also ineligible, as are those individuals who earn more than $17,000 annually. Therefore, these segments should be excluded from any outreach effort to increase program enrollment. The key components of an outreach campaign are to define the population of eligible recipients and then to devise a way to target them.

2. The Population

A. Number of Potential Unenrolled Eligibles

There are 154,146 individuals 65 years of age and older who meet the **income** guidelines of the Missouri SenioRx Program but are not current applicants or members. This number excludes Medicaid and Medicaid spend down clients. However, it does not exclude individuals who have better prescription drug insurance than the Missouri SenioRx Program and are therefore ineligible (Rootes, 2003). Nevertheless, this summary will use the 154,146 number as the universe of potential unenrolled eligibles.

B. Where the Potential Unenrolled Eligibles Live

Half of the 154, 146 unenrolled eligibles, or 75,729 seniors, live in 10 Missouri counties and cities. A ranking, from the most populous county/city to the least, follows:

County/City	Number of potential unenrolled eligible seniors
1. St. Louis County	19,884
2. Jackson County	16,778
3. St. Louis City	13,848
4. Greene County	6,168
5. Jasper	3,676
6. St. Charles	3,469

7. Franklin	3,319
8. Jefferson	2,952
9. Clay	2,842
10. Buchanan	2,793
	75,729

3. Characteristics/Special Needs of the Senior Population

A. The "Young-Old," the "Medium-Old," and the "Old-Old"

Though the senior population is generally defined as those who are 65 years of age and older, research suggests there are growing differences between the "young-old, those who are 65-74 years old, the "medium-old," or 75-84 age group, and the "old-old," or 85+ age group. For example, nursing home residency and Alzheimer's disease increase dramatically for those who are 85 years of age and older, generally affecting one out of every two individuals. This contrasts significantly with the "young-old," who live primarily in their own homes and where only 3% of the population has Alzheimer's (Alzheimer's Disease Education and Referral Center, www.alzheimers.org, U.S. Bureau of the Census, 2000, and National Nursing Home Survey, www.efmoody.com/longterm/nursingstatistics.html).

These significant differences between the "young-old" and the "old-old" must be incorporated in the SenioRx outreach campaign. For instance, the majority of "young-old" still have decisional capability whereas the "old-old" may be incapacitated and have delegated decisional capacity to others (i.e. an adult child, a guardian, a power of attorney). As such, Missouri SenioRx TV and radio advertisements must target both seniors and their surrogate decision-makers. The message of the advertisements should vary accordingly.

B. Other Notable Characteristics of the Senior Population

Older Americans often have three or more chronic medical conditions and take multiple daily medications (Barry and Antonucci, 2002). Generally, eyesight, hearing and mobility decrease as one ages. This is especially true for those who are 85 and older. The 85+ age group may also find it difficult to understand written materials. These factors contribute to the overriding sentiment expressed by Missouri's community leaders: seniors need one-on-one assistance with the SenioRx application. Failure to provide one-on-one assistance will result in a steady decline in program enrollment.

Program enrollment will also decline if the Missouri SenioRx Program does not change or extend its two-month enrollment period in January and February. January and February are inclement months in Missouri, full of ice, snow and frigid temperatures. Fear of catching pneumonia--the fifth leading cause of death among older Americans-- and fear of falling, the leading cause of injury death among those 85 or older, will keep many seniors indoors during these months (Barry and Antonucci, 2002). Participation at senior centers also declines during this time. As the 2002 SenioRx enrollment period attests, more seniors enrolled in the program when the enrollment period occurred in the spring months of April and May. A statutory change is needed to rectify the January-February enrollment period.

4. Minority Elderly

A. Where the Elderly Minorities Live

Statewide, minorities account for 8.54% of the total age 65 and over population (Rootes, 2002). Eighty percent of age 65 and over minorities live in Jackson County, St. Louis City or St. Louis County (Rootes, 2002). A breakdown by ethnicity for these three counties follows. Please note these numbers include those who are **100%** at or below poverty level, rather than **200%** at or below poverty level. Minority residency in these three counties will increase greatly when the U.S. Census releases the numbers for those who are **200%** at or below poverty level. *(Appendix A includes the zip codes for minority residency in Jackson County, St. Louis City and St. Louis County).*

	African Americans	Native Americans	Asians	Two or more races	Hispanic
Jackson Co.	2,371	35	69	78	260
St. Louis City	4,856	17	76	91	57
St. Louis Co.	1,505	8	167	50	69
	8,732	60	312	219	386

B. Understanding Minority Seniors

An informal poll with members of the *Governor's Commission on Special Health, Psychological and Social Needs of Minority Older Individuals*, Grace Hill in St. Louis and the Don Bosco Nationality Center in Kansas City, reveals the following with regard to Missouri's minority seniors, comprised primarily of African-Americans, Asian-Americans, Hispanics/Latinos and Native-Americans:

1. A language barrier exists with all these ethnic groups.
2. All of these ethnic groups may distrust the government, government programs and government employees.
3. A greater number of minority elderly will enroll in the SenioRx Program if the person who presents the SenioRx information and application shares the senior's minority status and speaks the senior's ethnic language.
4. Asian Americans will not divulge financial information to strangers and are intimidated by government caseworkers.
5. All SenioRx brochures, applications and advertisements need to be in English and Spanish.
6. The Hispanic population in Kansas City may be a very different population than the one in St. Louis. "Hispanic" refers primarily to individuals who are "Mexican-American" in Kansas City. In St. Louis, "Hispanic" refers primarily to individuals who are from Puerto Rico, South America, Cuba, Central America and Spain. Many of the Hispanic people do not want to be called "Hispanic-Americans."
7. Hispanic people are "a proud people." They don't want to ask the government for anything. They do not want to accept anything from anyone without giving something back (i.e., if they get a bowl of soup from someone, they will want to cut that person's grass, etc.) Hispanic people believe it is "a sin to beg."

8. The Native American elderly need to see a person with whom they can identify on the front of the Missouri SenioRx pamphlets and brochures. Mona Perry with the American Indian Council will drop by a suggested photo.
9. African-Americans will likely trust their churches to deliver information on the SenioRx Program. The same holds true for Asian Americans, who often turn to Buddhist temples and churches for socializing.
10. African-American elderly do not understand the SenioRx presentations when they are presented in a group setting. The SenioRx Program should model its outreach after the Circuit Breaker program, where information is explained on a one-on-one basis.
11. A list of leading organizations and ministers for each of these ethnic groups should be obtained to help with outreach. *(Please see Appendix B for a partial list and other key organizations that support diversity in Missouri. Appendix B also includes a case manager list, obtained from the Don Bosco Nationality Center in Kansas City, for the Somali, Sudanese, Vietnamese, Cuban, Kurdish and Bosnian communities in Kansas City. The case mangers should be contacted for help with minority elderly outreach).*

C. Other Notable Trends with Minority Seniors

A number of today's minority grandparents are assuming the surrogate role of parenting their grandchildren. This means an outreach campaign should include SenioRx presentations and information to grade schools and middle schools in the inner cities of St. Louis and Kansas City, especially those that offer courses in "English as a second language."

Prevalence of chronic disease among Americans varies by race and ethnicity. Nearly 60 percent of elderly blacks report high blood pressure, and a growing share of elderly blacks and Hispanics report problems with diabetes (Barry and Antonucci, 2002). The implication is that the Missouri SenioRx Program should partner with health-related organizations like the American Diabetes Association and the American Heart Association when they host fairs and screenings in an effort to reach black and Hispanic elderly.

D. The Future Face of Missouri's Minority Seniors

Currently, the greatest number of minority elderly in Missouri is: 1) African American; 2) Hispanic; 3) Asian; and, 4) Native American. However, these numbers are changing and will continue to change as a result of recent historical upheavals in Eastern Europe and the Middle East. Most notably, St. Louis City now houses a 10% immigrant population (Segal, 2002). The region of origin for the greatest number of these immigrants and refugees follows:

Region/Ethnicity	**Number**
Eastern Europe/Russia	
Bosnian	30,500
Russian	2,700
Far East/South Asia	
Vietnamese	7,600
Near/Middle East	
Iraqi (Arabs)	1,000

As these immigrants and refugees age, they will pose a challenge to the Missouri SenioRx Program.

5. 2002 Enrollment vs. 2003 Enrollment

A. Number of 2003 Enrollees vs. 2002 Enrollees

Approximately 40,000 seniors applied for the Missouri SenioRx Program during its first enrollment period, April 1 – May 30, 2002. Many who applied were ineligible (21.6%), and 21,754 seniors eventually became program members.

In contrast, 24,002 seniors applied for the Missouri SenioRx Program during its second enrollment period, Jan. 1 – Feb. 28, 2003. Though this number is significantly less than in 2002, the program did a better job targeting eligible seniors this year than last; only 8.8% of all applicants were denied in 2003 as compared to 21.6% in 2002. The number of eligible applicants in 2002 and 2003 remains roughly constant at 22,000 seniors.

B. Applicants vs. Re-enrollees

Of the 24,002 applicants in 2003, 13,889 are re-enrollees and the other 10,000 are new applicants. This is a troubling statistic for several reasons: 1) Thirty-five percent of the 2002 members **did not** re-enroll in 2003; 2) Program growth hinges upon member retention; and, 3) The Missouri SenioRx target population has an inherent attrition rate because of average life expectancy. For instance, the average age of the Missouri SenioRx member is 77.7 years (Rootes, 2003) while the average life expectancy of Americans is less-- 76.9 years (Fox, 2001).

C. Plausible Reasons why 35% of the 2002 Members Did Not Re-enroll and Future Challenges to Enrollment

1. Applicants and members did not, and still do not, understand the Missouri SenioRx application (i.e. application needs to be more "user-friendly;" the font size needs to increase; seniors need one-on-one help filling it out; seniors do not understand the income worksheet and still have problems with the proof of age and residency requirements).

2. The 2002 SenioRx marketing materials and brochures "oversold" the program by telling seniors most of their drugs would be covered. This led to a case of "rising expectations." When these "rising expectations" were not met (i.e. seniors' drugs actually wound up costing them more or were not covered for a variety of reasons), negative publicity about the program spiraled. Forty-two percent of the 21,754 members (i.e. 9,122 members) still had not utilized their cards in September 2002, three months after the plan year began. They likely "gave up" after a failed first attempt. However, drug coverage should not be a problem in 2004 because the Missouri Legislature passed the 11 percent generic rebate bill.

2. "Bad experiences" tend to be communicated and compounded. A marketing maxim says that a consumer who experiences bad food at a restaurant or has a bad experience with a program or commodity tells seven other people about the experience. Once started, negative publicity is hard to combat.

3. Discount drug programs offer seniors an <u>immediate</u> discount on their drugs as compared to the Missouri SenioRx Program, which makes seniors meet a deductible first. Many discount drug

programs are available with no enrollment fee (i.e., the TogetherRx card, sponsored by Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals, Bristol-Myers Squibb, GlaxoSmithKline, Johnson & Johnson and Novartis), as opposed to the SenioRx Program's mandatory $25 or $35 enrollment fee. This poses a formidable challenge to the Missouri SenioRx Program and will be explored elsewhere in this summary.

4. As mentioned previously, the January and February enrollment period poses a tremendous challenge for applicants because of inclement weather. It poses another challenge in that many seniors do not have the tax information (i.e., W-2 forms, Social Security statement of earnings) they need to complete the SenioRx application in January. This effectively limits the enrollment period to one month: February.

5. The program's primary enrollment partner, the Area Agencies on Aging (AAA), opted to help seniors sign-up for the Missouri SenioRx Program in conjunction with their February tax assistance programs. Though the AAAs said they did not turn away any SenioRx applicant who wanted help in January, their primary push was to help applicants in February. This strategy again limited the enrollment period to one month and impacted the program detrimentally: the percent of enrollees who were assisted by AAAs dropped from 19.6% in 2002 to 4.7% in 2003 (Rootes, 2003).

6. The program's other critical stakeholder, the 1, 171pharmacies, sometimes discouraged seniors from using their SenioRx cards. The most notable reason, relayed by Affiliated Computer Services (ACS), the SenioRx Program's third-party administrator, is that pharmacies and pharmacists do not feel they have input into the program. Whatever the cause, pharmacy discouragement is powerful and contagious. When asked whom they trust, seniors often rank pharmacists and doctors in the top ten. If a pharmacist tells a senior a program or product is "no good," these words often carry the weight of gold.

6. Media and Outreach Campaign for 2003 vs. 2002

A. 2003

The media and outreach campaign for the Jan. 1 – Feb. 28, 2003, open-enrollment period included 1,875 radio, 104 TV and 255 newspapers advertisements. The ads ran in urban and rural parts of the state and targeted minorities. The campaign cost approximately $152,406.07 and the primary expenditure was on newspaper advertisements (e.g. $114,394.94 vs. $21,000 for radio and TV and $14,077 for rural and aging periodicals). Though the campaign did not increase overall program enrollment, it did increase minority enrollment from 3.9% in 2002 to 5.1% in 2003. (*Appendix C* lists the stations and newspapers where the advertisements ran).

Statistics indicate the newspaper and TV ads were more effective than radio ads. For instance, individuals who sought a SenioRx application through the ACS Call Center were asked how they learned of the program. Over 3,700 said "newspaper," over 3,800 said "TV," but only 165 said "radio."

B. 2002

In contrast, the 2002 media and outreach campaign cost more-- $203,620.66—and netted more enrollees, but the number of **ineligible** enrollees was also significantly higher (i.e, 21.6 percent

denied in 2002 vs. 8.8 percent in 2003). The 2002 campaign also differed from 2003 in another significant way: the primary expenditure was on a 355,000 direct-mail piece to Pharmaceutical Tax Credit program recipients and individuals on a Department of Revenue database. (The 2002 direct-mail piece cost $124,291.86 as compared to $44,109.61 for 1,353 radio and TV ads, and $33,909.19 for 262 newspaper ads).

C. 2002 and 2003

Both campaigns spent the bulk of advertising dollars during the two-month enrollment period, rather than spreading it out during the year. Obviously, the 2002 kick-off campaign had no other choice, but this strategy should be re-evaluated for future years. "Reminder or precursory advertising" in July or August could generate interest from potential applicants, senior advocates and community leaders five months **before** the enrollment period begins. Potential applicants and advocates could then be added to the SenioRx mailing list. Reminder advertising might also fuel requests for program presentations during a time when staff can easily accommodate such requests. A successful volunteer program in Columbia, Missouri, uses this "reminder-advertising strategy" for its "Christmas in July" recruitment efforts.

Both campaigns also used the Missouri Broadcasters Association (MBA), an association for radio and TV stations, and the Missouri Press Association (MPA), an association for newspapers, for placement of its radio, TV and newspaper ads. Awarding these two associations the media contract for the Missouri SenioRx Program is beneficial if the goal is to "reach as many **people** as possible," otherwise known as "volume advertising." However, if the program goal is to "reach as many **low-income elderly people** as possible," otherwise known as "target advertising," then awarding MBA and MPA the media contract poses several problems: 1) SenioRx advertisements cannot be placed on radio or TV stations that are not members of MBA or MPA, even though these non-member stations or newspapers may target the low-income elderly; 2) Neither the MBA or MPA can provide specific demographic information on member stations' or newspapers' audiences (i.e, Is it primarily a 55-year-old white woman who watches KMOX-TV in St. Louis or an 80-year old African-American male?), and, 3) MBA cannot guarantee the specific time a radio or TV advertisement runs nor on which show; and, MPA cannot guarantee the section of the newspaper in which the SenioRx ads will run. A guarantee is critical if target marketing is to work, especially since the elderly gravitate toward news and weather shows on TV and the obituary section in the newspaper. The only way to guarantee time-and-show placement is to contract with radio and TV stations on a case-by-case basis. The same holds true for newspapers. This option should be explored in 2004.

7. Future Recommendations for Media Campaign

A. Gear the Message to the Audience

Adult children of seniors often help their loved ones with health-related and medicinal matters. This is especially true if the loved one becomes incapacitated and the adult child becomes the loved one's power of attorney, agent or guardian. The Missouri SenioRx Program would be wise to recognize this trend and create two different messages for radio and TV advertisements: one geared to seniors, the other to adult children of seniors, otherwise known as "baby boomers." A different spokesperson should be used for each target audience.

"Peer-to-peer advertising" is a proven fundraising technique; its central tenet is that a person is more likely to give money to a cause or listen to a request if the request comes from a "peer" or "cohort"

(i.e. doctor makes a request to another doctor, senior makes request to another senior, etc.). If this technique is employed, a "senior" should be the spokesperson for the advertisement geared to seniors and a "50ish baby boomer" should be the spokesperson for the advertisement geared to adult children of seniors.

B. Learn How Callers Found Out About the Program
Every media campaign has "residual effects." This means individuals may inquire about that which is advertised long after the advertising campaign has concluded. For this reason, the Missouri SenioRx Program and its third-party administrator, ACS, should query every caller for information on how he or she learned of the program. This is the only way the program can effectively learn which advertising medium worked.

C. Rethink Traditional Media
In 2002 and 2003, the program relied primarily on traditional media (newspaper, TV and radio) to advertise. This course of action should be re-evaluated because radio proved virtually non-effective in 2003 and the state's vendors--MBA and MPA--cannot guarantee time or placement of radio, TV and newspaper ads. This type of guarantee is critical if "target marketing" is to work.

D. Discontinue Newspaper Advertising in Metropolitan Dailies
Discontinue newspaper advertising, except for that in rural monthlies, suburban journals and weeklies. Elderly and minority elderly often did not have the opportunity for educational advancement and may be illiterate. Further, many metropolitan dailies have gone out of business in the past twenty years (i.e., *St. Louis Globe Democrat, Houston Post, San Antonio Light*) and circulation and readership is down nationwide. In addition, the small newsprint is hard for seniors with impaired vision to read. Consider spending advertising money almost exclusively on TV—more applicants said they heard about the program from TV than any other source in 2003.

E. Consider Reaching Minorities Through Billboards
Consider reaching minorities through billboard advertising in the inner cities of Kansas City and St. Louis. The cost is reasonable when compared to billboard advertising along the highly desired "I-70 corridor." Alcohol and tobacco companies have used inner-city billboards to reach minorities for years. These companies spend millions on demographic studies and marketing and they know what works.

8. Enrollment Partners

A. The ten Area Agencies on Aging are the SenioRx Program's only **paid** enrollment partner. Each agency receives up to $6.50 for every correct and completed application, per contract with ACS. However, as already stated, the AAAs' effectiveness needs re-evaluation: they assisted less than **5%** of all applicants in 2003 as compared to almost **20%** in 2002 (Rootes, 2003). Further, the AAA network helps ambulatory and mobile seniors--those still able to drive or visit AAA locations and senior centers-- but is incapable of providing application assistance to homebound seniors.

B. AARP is the other primary enrollment partner for the program, though it is **not paid** for its efforts. In 2003, AARP funded a 100,000 direct-mail campaign to individuals who are 65 years of age and older and meet the income guidelines of the Missouri SenioRx Program. The campaign

netted a 2% return; over 2,200 individuals responded by requesting a SenioRx application by phone or mail. Norma Collins, Associate State Director for Advocacy, has already indicated AARP considers state-assisted prescription drug programs a top priority; the Missouri SenioRx Program can count on a renewed commitment in 2004.

Other enrollment partners should be solicited and remunerated, especially those geared to servicing homebound seniors. Possibilities include:

C. **Community Action Agencies**:
Central Missouri Counties' Human Development Corporation – Columbia;
Economic Security Corporation of the Southwest Area – Joplin;
EOC Community Action – St. Joseph;
Human Development Corporation of Metropolitan St. Louis – St. Louis;
Jefferson Franklin Community Action Corporation – Hillsboro;
Missouri Ozarks Community Action Agency – Richland;
Missouri Valley Human Resource CAA – Marshall;
Ozark Action, Inc. – West Plains;
Ozarks Area Community Action Corporation – Springfield;
Services Toward Empowering People, Inc. – St. Louis;
West Central Missouri Community Action Agency – Appleton City

D. **Catholic Charities**
Diocese of Jefferson City, Jefferson City;
Catholic Charities of Kansas City;
Diocese of Springfield-Cape Girardeau;
Catholic Charities of St. Louis

E**. Grace Hill, St. Louis**
This is a grassroots, neighborhood organization that targets low-income, elderly African Americans in 10 St. Louis City and County Service Areas. It encompasses 33 neighborhoods and uses "senior" volunteers to go door-to-door, in a "senior-to-senior" campaign. Geraldine Grundy, director of the STAES program (System to Assure Elderly Services), recommends SenioRx Program staff attend STAES monthly meetings beginning in July 2003.

F. **Local Investment Commission (LINC), Kansas City**
LINC Director Trent DeVreugd also advocates using seniors to sign-up other seniors. He suggests that the program identify "happy Jackson County Rx members" and have them "sell it."

G. **HUD/Section 8 Housing**
The program contacted approximately 350 HUD and Section 8 senior housing complexes in St. Louis, Kansas City and Springfield in 2003. Many of the residents who live in Section 8 complexes are minorities and meet the income guidelines for the program. A challenges exists, however, because many of these residents are illiterate, yet complex staff do not appear to have the time or interest to help their residents with the SenioRx application process. Perhaps a financial incentive might increase motivation in the midst of state and federal budget cuts.

H. **Meals on Wheels** (private-, faith-based, not affiliated with AAAs/senior centers)

9. Increase Volunteer Component of Program

The SenioRx Program has two full time outreach staff to generate and accommodate requests for trainings and presentations. This number is inadequate: from November through February 2003, program staff made 147 presentations. This number would have been impossible to execute without additional help from three, part-time outreach staff in February 2003. Even so, the program still lacks the ability to accommodate the potential volume that exists. One way to ensure increased coverage is to partner with well-established volunteer organizations and train *their* volunteers to market the program. Two volunteer organizations, Retired Senior Volunteer Program (RSVP), and Community Leaders Assisting the Insured of Missouri (CLAIM), have been approached. Others, like Foster Grandparents, Shepherd's Centers, Tax Counseling for the Elderly (TCE), AARP's Tax-Aide Program and Volunteer Income Tax Assistance, will be approached.

To give an idea of the magnitude of volunteers involved, consider:

a. RSVP has 23 chapters located throughout the state. Each chapter has between 20 and 200 volunteers.
b. CLAIM has 250 volunteers statewide. These volunteers help Medicare beneficiaries with insurance claims, prescription drug information and pharmaceutical companies that provide free medication to eligible individuals.
c. IRS/Tax Counseling for the Elderly (TCE), AARP Tax-Aide Program, and Volunteer Income Tax Assistance (VITA), have 324 sites in St. Louis and Southeast Missouri. TCE and VITA have over 50 sites in the Kansas City area, many of which are affiliated with senior centers. Two of these three programs offer free tax assistance to the elderly; VITA offers free tax assistance to the general public. All three programs use volunteers to help seniors with their taxes. SenioRx program staff met with Bob Geffner of IRS about the possibility of IRS offices and volunteers distributing SenioRx brochures in February when they help seniors and the public with taxes.

Using volunteers from the organizations listed above is advantageous for another reason: most are 65 years of age or older. In a previous discussion, this summary emphasized the need for "peer-to-peer" or "senior-to-senior" marketing. This strategy will become reality with the use of the above-mentioned volunteers; it is also the central tenet of Grace Hill, a community, grassroots organization in St. Louis for African-American elderly on fixed incomes.

The SenioRx program will create "job" descriptions for potential volunteers who can help applicants fill out applications and market the program. Once developed, job descriptions will be distributed to volunteer agencies. In addition, the program will ask the 23 RSVP chapters to feature a SenioRx article in their newsletters; the Boone County RSVP chapter has already agreed.

10. Possible Community & Business Partnerships

A. Lincoln University

SenioRx Program staff are exploring a cross-promotion with Lincoln University's Paula J. Carter Center and Lincoln University's four extension centers in Caruthersville, St. Louis, Kansas City and Charleston. The basic promotion is simple: the Paula J. Carter Center and Lincoln University's

four extension centers will distribute SenioRx Program brochures and information. In exchange, the SenioRx Program will distribute brochures on the Carter Center's Food Stamp Nutrition Program every time it does a presentation or training in the coming year. A "Memorandum of Agreement" between the two organizations is being reviewed at this writing. The Paula J. Carter Center will also run SenioRx stories in its *Healthy Aging* newsletter, which is published every other month and distributed to 500 individuals and organizations.

B. Social Security Administration Offices
The SenioRx Program plans to meet with Social Security Administration officials and propose that every Social Security office in Missouri distribute SenioRx pamphlets and brochures.

C. Churches
The program targeted over 1,100 churches with a direct-mail piece in 2003. It will continue these efforts, especially since churches are an integral part and gathering place of the African American and Asian communities. Rev. Edward Fields and Ik-Whan Kwon, both members of the *Governor's Commission on Special Health, Psychological and Social Needs of Minority Older Individuals*, have provided, or will provide, a comprehensive listing of African American and Asian churches, respectively.

D. Health Care/Provider Partnerships
In 2002 and 2003, over 5,000 physicians received letters asking them to tell their senior patients about the Missouri SenioRx Program. The letters were sent over the signature of Dr. Sam Page, Commissioner, thus employing "the peer-to-peer" marketing concept discussed earlier. Doctors in the following specialties were included: Internal Medicine, Family Practice, Geriatric Medicine, Dermatology, Oncology, Ophthalmology, Urology and others.

A mailing to physicians may not be the best way to reach the medical community or elderly patients. Physicians are hard to reach with follow-up phone calls and their time is at a premium. Perhaps a better approach is to target the 118, statewide county health departments when they operate their annual flu clinics in October and November. According to Claudine Frazier, Administrator of Adair County's Health Department, seniors frequent these clinics and begin calling about the shots as early as September. Ms. Frazier says her agency administered 3800 flu shots in mid-October through mid-November 2002. The shots were administered on Mondays, Wednesdays and Fridays at the agency's Kirksville location and other spots in the community. Ms. Frazier says there is no overall director for the 118 county health departments and that each will have to be contacted individually.

11. Identify the Competition: Discount Drug Cards

Discount drug cards are a formidable challenge to the Missouri SenioRx Program. What they offer is an **immediate** savings on certain medicines; in contrast, the SenioRx Program requires a senior to meet a deductible first, which can take months. The immediacy of the savings carries a great psychological advantage for seniors: this population grew up in the Depression and saw banks, finances and government programs crumble in days. For many, existence was strictly "hand to mouth." Consequently, a guarantee from Missouri SenioRx Program staff that members will reap savings on their medicines if they just wait "two, four or six months, or until their deductible is met," may sound like a lame-duck promise. What's more, some discount drug programs may offer a **better** discount on medicine than the Missouri SenioRx Program. For example, if a senior only uses

Eli Lilly or Pfizer products, these manufacturers offer a 30-day supply of medicine for a flat-fee of $12 or $15 a month, respectively.

A preliminary examination of discount-drug programs reveals at least 50 to 60 in the marketplace. This number is growing and so is the type of business that offers such a program. Discount cards used to be the domain of pharmaceutical companies and pharmacies, but today banks, automobile associations and *Reader's Digest* have gotten into the act. In fact, many of today's discount-drug programs work like "insurance." For instance, the ProCare Benefit Card costs an individual $5.95 per month and claims to offer discounts not only on "prescriptions, but on dental, medical, vision, hearing, chiropractic, travel counseling, cosmetic surgery, vitamins, long distance and legal services" (ProCare Benefit Card, 2003). Some states now seek to regulate these discount-drug companies because many of their claims are exaggerated. For example, California and Washington have prohibited discount drug companies from operating in their states unless they are licensed as insurance companies. In 1999, California regulators sent cease-and-desist letters to 46 companies, claiming that some misled consumers abut the extent of discounts and the providers who would grant them (Waxman, 2001).

12. Final Recommendations

1. Confusion in the community exists over who runs the Missouri SenioRx Program. Lincoln University officials expressed this sentiment, as have members of the Black Caucus. "Is it the Lt. Governor's office?" they ask. "Or ACS?" "Who is ACS?" The Black Caucus feels the Missouri SenioRx Program staff should be a "one-stop shop," the place were elected officials and the public can turn to find out about scheduled SenioRx outreach activities. They recommend that the Lt. Governor's staff, Department of Health and Senior Services (DHSS), the Office of Minority Health, and AARP coordinate efforts with Missouri SenioRx Program staff. The Black Caucus also recommends SenioRx participation in Missouri's Black Exposition in August, advertisements in *Northstar* magazine and continued use of talk show radio host Lizz Brown, on WGNU radio in St. Louis.

2. Have Missouri SenioRx program staff identify the cable and public access channels across the state that provide "free community programming" and make program staff available for interviews.

3. Seniors and the public often say, "the program is so complicated." The application and brochure reinforce this perception because of the small, crammed-looking print. Increase the font size on all program materials. Communicate in simple language. Instead of saying, "The Missouri SenioRx Program helps defray the cost of prescription drugs for seniors," say, "The Missouri SenioRx Program can save seniors money on medicine."

4. Trainings and presentations need to begin in July, six months before the enrollment period begins. The program basics will not change (i.e. enrollment fee, deductible, income requirements) and should be explained to as many as possible, as early as possible.

5. Consider asking every current member or "happy current member" to sign-up a friend and give the current member a perk for his or her efforts (i.e. a proclamation from the governor or

lieutenant governor, or free coupons from a grocery store like Schnuck's that has a participating pharmacy).

6. Pharmacies and pharmacists need to feel they have input into the Missouri SenioRx Program. They have often discouraged seniors from using their SenioRx cards because they feel the program was "forced upon them." ACS proposes to make a personal visit to many participating pharmacies by the end of 2003 to turn the tide of their discontent. A personal visit will speak volumes—it will show, in a way words often can't, how committed the Rx Program is to receiving input and suggestions from pharmacists and pharmacies.

   The program is also in the midst of forming a "pharmacy advisory group." The group will counsel Missouri SenioRx Program staff and share experiences and concerns. Already, four pharmacists have agreed to serve as advisory group members. Further, the program and ACS continue to meet with the Missouri Pharmacy Association (MPA) and several articles about the program have appeared in MPA's newsletter.

7. The Missouri SenioRx Progam will attempt to identify as many discount-drug programs as possible in Missouri. Program staff will acknowledge these programs in trainings and presentations and make seniors and senior advocates aware of their "exaggerated claims" and benefits. A good marketing tool is to identify and acknowledge the competition before the consumer does.

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